



SOCIAL SERVICES CASE READING GUIDE

DATE	CLIENT ID NUMBER	JAS ID NUMBER	WORKER'S NAME	REVIEWER'S NAME
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PROGRAM TYPE (CHECK APPROPRIATE BOXES)

<input type="checkbox"/> Intensive Services	<input type="checkbox"/> Refugee	<input type="checkbox"/> First Steps	<input type="checkbox"/> Teen Living Assessment
<input type="checkbox"/> Good Cause for Non-Cooperation with DCS	<input type="checkbox"/> Protective Payee	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Pregnancy to Employment
<input type="checkbox"/> Supplemental Security Income Facilitation	<input type="checkbox"/> Incapacity	<input type="checkbox"/> Information and Referral	<input type="checkbox"/> Whole Family Services

Payment/Fiscal Administrative Policy	Services Quality Content																																																																																																																																
<table style="width: 100%;"> <tr> <th></th> <th style="text-align: center;">NA</th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> <tr> <td>Were any payments authorized?.....</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> If yes: <input type="checkbox"/> JAS or <input type="checkbox"/> SSPS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Was it appropriate?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Was it accurate?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Was it 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